DATE OF INCIDENT (D.O.I.):_____
(Month/Day/Year)
(xx/xx/xx)

TRC
Incident Report

(To be completed by Employee's Supervisor and by Employee involved in the Incident/Accident immediately after an Injury or Illness/Incident/Accident)

Incident Category:

☐ Employee Injury ☐ Property Damage ☐ Vehicle Damage ☐ Fire ☐ Near Miss ☐ Other
Incident Location:
Site Identification/Project No./WNO No:

Site Address:	
Date Incident Occurred:	
Time Incident Occurred:	
Date Incident Reported:	
Time Incident Reported:	
Customer Project Manager:	

Employee Information:

Name:		
Field Office/Address:		
Supervisor Name/Phone:		
Employee Phone/Cell:		
Title or Occupation:		
Department:		

Type of Employee Injury or Illness:

☐ First Aid Only ☐ Medical Treatment Only ☐ Restricted Work-case ☐ Lost Workday ☐ Extended Time Away From Work (3 days or more) ☐ Fatality

Estimated Number of Days on Restricted Work:	
Estimated Number of Days Away from Work:	

Employee Injury or Illness Description:

Describe the Injury or Illness:
First Aid/Medical Treatment Administered:
Name of Doctor's Office, Clinic, or Hospital:
Address and Phone Number:

Incident Description:

Equipment Involved:
Site Type: (Marketing, Refinery, etc.)
What task was being performed at time of incident?
Describe Incident in Detail :
Conditions at time of Incident: (weather, lighting):

DATE OF INCIDENT (D.O.I.):_____
(Month/Day/Year)
(xx/xx/xx)

Non-TRC Involvement:

Subcontractor Involved: ☐ No ☐ Yes
Name of Company:
Address:
Contact Name and Phone Number:
Additional Information:
Witnesses(s) to Incident: ☐ No ☐ Yes
Name(s) and Address(s):
Phone Number(s):
Additional Information:

Personal Protective Equipment (PPE):

List PPE required to complete the task: (glasses, safe. shoes, hard hat, respirator, hearing protection, etc.)
Was the employee using the proper PPE at the time of the Incident?

Safety Violation ☐ No ☐ Yes (Explain):

State the company safety rule, OSHA regulation, or specific training that was violated:
Describe the training the employee received to prevent this violation:

Immediate Corrective Actions:

Describe the immediate corrective actions taken:	
Signature of Investigating Supervisor:	**Date:**
Signature of Employee:	**Date:**

TRC Safety Manager/Director Signature: _____Date:_____